Maternal Death During Child Birth Due to Obstructive Cause

3266, SHRIMATI BASANTI SARMA: Will the Minister of HEALTH AND. FAMILY WELFARE be pleased to state:

(a) whether it is a fact that maternal death due to obstructive cause during child birth are increasing;

(b) if !so, what are the causes thereof;

(c) whether delivery in a prone position on the back against gravity is a major cause; studies and reference available in this regard; and

(d) what steps will be taken to propagate the proper forms of delivery position?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) to (d) Maternal deaths due to obstructed labour arc not reported separately at National level. However Maternal deaths due to malprcscntation of foetus, a major cause of obstructive labour, ranged between 6 to 13 percent of total maternal deaths during 1978 to 1990. No increasing trend has been observed.

Since Maternal Deaths due to obstructed labour are not reported at National Level, the causes are not specified. However some of the common causes arc short height, malprcscntation of foetus and indiscriminate use of drugs.

After years of experience delivery is recommended in dorsal-scmi-rccombant position. If delivery is conducted in sitting position there is no control of delivery of the foetal head and it leads to multiple tears, post martum hamorrhogc and uterine prolapse later on. Most of the women in the country undergoing labour arc anaemic and even minimal blood loss will be deter detrimental to their health and even fatal at times, hence, delivery in sitting posture is to be avoided. Moreover, delivery in sitting position will lead to trauma to the foetal head.

Most of the standard textbooks of Obstetrics recommend delivery in dorsal-scmi-recumbent position.

The institutions in .he country practice dclcvcry in dorsal-scmirccumbcnt position.

Medical Treatment of the Surviving Victims of Bhopal Gas Tragedy

3267. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the surviving victims of Bhopal gas tragedy are not being given regular and proper medical treatment; and

(b) if so, whether Government plan to implement any effective system for regularly monitoring and improving the otherwise deteriorating health conditions of the surviving victims of the- gas leakage?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) and (b) As per information received for the State Govt. Madhya Pradesh adequate facilities far the treatment of gas affected people has already been made which are as under:

(i) Five hospitals and eight dispensaries have been established and arc being run by the Bhopal Gas Tragedy 'Relief and Rehabilitation Department.

(ii) 4000 Out door patients per day are being provided medical care through the above hospitals and dispensaries

(iii) 225 Beds facility is available for indoor patients in the hospitals

(iv) Free supply ,of medicines is provided to the indoor and outdoor patients

(v) In addition 3 Ayurvedic, 3 Homeopathic and 3 Unani Dispensaries have been established

and are being run by the Bhopal Gas Tragedy Relief and Rehabilitation Department.

(vi) About Rs. 8.00 crores per annum is being spent for providing Medical Relief to the Gas victims.

डाक्टरों और अस्पताल कर्मचारियों द्वारा अस्पताल में उपलब्ध सुविधाओं का दुरुपयोग

3268. **श्री नागमणि**: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि सरकारी अस्पतालों में उपलब्ध लिफ्ट, शौचालय और अन्य अधिकांश सुविधाएं डाक्टरों और अस्पतालों के लिए सुरक्षित रहती है जबकि ये सुविधाएं अधिकांशत: रोगियों को उपलब्ध करायी जानी चाहिए,

(ख) इस संबंध में सरकार की क्या प्रतिक्रिया है; और

(ग) सरकार इन सुविधाओं, जो कि इस समय पूरी तरह रोगियों को उपलब्ध नहीं करायी जा रही हैं, को उपलब्ध कराने के लिए क्या प्रयास कर रही है?

(**विधि और न्याय मंत्रालय के राज्यमंत्री** (**श्री रमाकान्त डी. खलप**): (क) से (ग) जी नहीं। केन्द्र सरकार के अस्पतालों में लिफ्टें और शौचालयों जैसी अन्य सुविधाओं का मुख्यत: रोगियों तथा उनके रिश्तेदारों द्वारा लाभ उठाया जाता है। अस्पतालों के डाक्टरों तथा कर्मचारियों के लिए मात्र कुछ ही शौचालय निर्धारित किए गए हैं।

Water-Bomc Diseases in Maharashtra

3269. MISS SAROJ KHAPARDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government arc aware that water-borne diseases in Maharashtra are on the rise;

(b) if so, whether Government have conducted any survey in the State in this regard in the recent past;

(c) if so. the details thereof; and

(d) remedial measures being taken proposed to be taken by Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HELATH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (c) As per the information received from the Government of Maharashtra, there is a slight increase in incidence of Cholera, Gastro-cntcritics and viral hepatitis during 199(S. Government of Maharashtra has established a system of continued surveillance through which a constant watch is kept on the incidence of water-borne diseases,

(d) Government of Maharashtra had adopted the following measures to control the epidemics incidence of wtater-borne diseases:

(1) Epidemics were timely attended by Medical teams and investigated.
(2) Daily Surveillance carried out.
(3) Treatment given to the patients and contacts.
(4) Sufficient stock of medicine made available to the health Institutions.
(5) Daily disinfection of water sources carried out under supervision of health staff in the affected villages.
(6) Instructions to all local bodies were given for regular disinfection of water sources and of proper sanitation maintenance.

Over-Crowding Faced by Government Hospitals

3270. SHRI RAJNATH SINGH SURYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that over-crowding is the main problem facing the Central Government hospitals;

(b) if so, whether Government have conducted any survey/study with a view to assess the magnitude of the problem